

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

00853

Reg. Dist. No. 251

1. PLACE OF DEATH: Lussem Anne
 County.....
 City or town near Hayden
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Lussem Anne
 City or town near Hayden
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Samuel J. Gibbs

3. (b) Social Security Number

4. Sex Male 5. Color or race col. 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Nancy Gibbs

7. Birth date of deceased (mo., day, yr.) March 20-1879 6. (c) If alive, give age..... years

8. AGE: Years 66 Months 10 Days 28 It less than one day..... hrs. min.

9. Birthplace 2nd Co Md
 (Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business

12. Name Abraham Gibbs

13. Birthplace Don't know

14. Maiden name Don't know

15. Birthplace Don't know

16. Informant Nancy Gibbs

Address Catherville R 2d Md

17. Burial Burial Date thereof Jan. 20-1946
 (Burial, cremation, or removal. Which?) month (day) (year)

Cemetery or crematory Roseville Cem.

Location Roseville Md.

18. Funeral director Edgar D. Lane

Address Church Hill Md

19. Jan. 18 46 Edgar D. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17- 19 46 at 5-P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....
 and that I last saw him..... alive on..... 19.....

Immediate cause of death Pulmonary Hemorrhage DURATION

Due to Pulmonary tuberculosis
He died after a very brief illness

Due to He had a Pulmonary Hemorrhage

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher
Asst. Coroner M.D. or other
 Address Catherville Md Date signed 1/17-46

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

FEB 1 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1372

CERTIFICATE OF DEATH

00854

251

Reg. Dist. No.

FILM No. J 00 JAN 28 1946

1. PLACE OF DEATH:
County... Queen Anne's Co.
City or town... near Church Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Queen Anne's Co.
City or town... near Church Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. Chickadee Rd. 3rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Elizabeth Hurtt

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Cheston Hurtt 6. (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, year) October 4, 1877
8. AGE: Years 68 Months Days If less than one day hrs. min.

9. Birthplace Centerville, Md.
(Town, county, and state)

10. Usual occupation house work

11. Industry or business

12. Name James Lake Turner
13. Birthplace Queen Anne's Co.

14. Maiden name Sarah Elizabeth Turner
15. Birthplace Queen Anne's Co.

16. Informant James Lake Hurtt
Address Church Hill Md.

17. Burial Date thereof Jan 13, 1946
(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory Church Hill Md.
Location Church Hill Md.

18. Funeral director C. L. Lane
Address Church Hill Md.

19. Jan 11 1946 C. L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1946 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1944 to Jan 11, 1946 and that I last saw her alive on Jan 11, 1946

Immediate cause of death Uremia DURATION 2 days

Due to Cardio Renal disease 4 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chesapeake Date signed 11/1/46

RECEIVED
JAN 19 1946
BUREAU T. E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

00855

CERTIFICATE OF DEATH

Reg. Diat. No. 252

1. PLACE OF DEATH:

County... Queen Anne's
 City or town... Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... all her life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Queen Anne's
 City or town... Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Rosanna Morris James

3. (b) Social Security Number

213-14-7650

4. Sex... Female 5. Color or race... Colored 6.(a) Single, married, widowed, or divorced... Married
 6.(b) Name of husband or wife... William Thomas James
 6.(c) If alive, give age... 63 years
 7. Birth date of deceased (mo., day, yr.)... May 12-1884
 8. AGE: Years... 61 Months... 8 Days... 0 If less than one day... hrs. min.

9. Birthplace... Centerville, 2.A.C., Maryland
 (Town, county, and estate)

10. Usual occupation... Housewife

11. Industry or business

FATHER 12. Name... George Webster Morris

13. Birthplace... North Carolina

MOTHER 14. Maiden name... Mary Ellen Roberts

15. Birthplace... 2.A.C., Maryland

16. Informant... Clintonia James Ford

Address... 1200 Lombard St Washington Del

17. Burial Date thereof... Jan 17-46
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory... Brownsville

Location... Centerville Maryland

18. Funeral director... Barton Bros

Address... Centerville Maryland

19. 1-16- 46 Elis Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 1-13 1946 at 109 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1 1945 to 1-13 1946
 and that I last saw him alive on 1-7 1946

Immediate cause of death... Pulmonary Tuberculosis

Due to... Pulmonary Tuberculosis

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Elis Armstrong M. D. or other

Address... Centerville, Md Date signed 1-14-46

RECEIVED

JAN 19 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

00856

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Green Anne County
 City or town Winchester - rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 2 months
 Hospital, institution, or street address where death occurred:
Robbie's Nursing Home
 How long in hospital or institution? about 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Bates Jewell

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Daisy Wilkins Jewell
deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 28, 1882
 8. AGE: Years 63 Months 2 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Kent County - near Rock Hall
 (Town, county, and state)

10. Usual occupation Waterman - retired

11. Industry or business

12. Name Pierce Jewell

13. Birthplace Kent County

14. Maiden name Sarah R. Hadaway

15. Birthplace Kent Co. Maryland

16. Informant Alexander Wadkins

Address Rock Hall, Maryland

17. Burial Date thereof 1-8-46
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall Maryland

18. Funeral director J. Willis Wells

Address Chestertown, Maryland

19. Jan. 8, 1946 Class L Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 - 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 - 1946 to Jan. 1 - 1946

and that I last saw him alive on Jan. 4 - 1946

Immediate cause of death Ch. Myocarditis

Due to Coronary Artery

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Monks M. D. or other _____

Address Winchester MD Date signed 1/17/46

A. 31



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

252

1. PLACE OF DEATH:

County Queen Anne's Co
 City or town Mar. P. Edwards Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall, Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna Marie Jones

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Wm. Jones
 deceased deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 12 - 1863
 8. AGE: Years 87 Months 8 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Ind.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace "

14. Maiden name Marie Ernest

15. Birthplace Germany

16. Informant Mrs. M. P. Edwards

Address Grasonville Ind.

17. Burial Burial Date thereof Jan. 10 - 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall Ind.

18. Funeral director Edgar L. Lane

Address Chuck Hill Ind.

19. Jan. 10 - 1946 Elin Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1946, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to Jan. 5 1946

and that I last saw her alive on Jan. 5 1946

Immediate cause of death _____

STATION TO PRESENTATION STATE CHAIRMAN

REMARKS OF THE CHAIRMAN

RECEIVED
JAN 19 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

CERTIFICATE OF DEATH

00858

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Harford
 City or town Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? None
 Hospital, institution, or street address where death occurred: None
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)
 State Harford County Harford
 City or town Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Samuel P. Wall

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Scena M. Wall

7. Birth date of deceased (mo., day, yr.) Sept 14 1863 8. (c) If alive, give age 82 years

8. AGE: Years 82 Months 11 Days 19 If less than one day None hrs. None min.

9. Birthplace Harford, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Samuel P. Wall

13. Birthplace Harford, Md.

14. Maiden name Mrs. M. Wall

15. Birthplace Harford, Md.

16. Informant Dr. C. L. Lane

Address Church Hill, Md.

17. Burial Church Hill Date thereof Jan 6 - 46

(Burial, cremation, or removal. Where?) (month) (day) (year)

Cemetery or crematory Church Hill Ind.

Location Edgar L. Lane

18. Funeral director Church Hill Ind.

Address Jan 3 46

19. (Date rec'd by registrar) Jan 3 46

Registrar C. L. Lane

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1946 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1946 to Jan 6 1946

and that I last saw him alive on Jan 4 1946

Immediate cause of death Myocardial Infarction

Due to None

Due to None

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

Signature Dr. C. L. Lane

Address Church Hill, Md.

Date signed Jan 6 1946

CERTIFICATE OF DEATH

RECORDED
JAN 19 1945
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 528

00859

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: Queen Anne's
County.....
City or town..... Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 25 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County.....
City or town..... Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME William Henry

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife..... Elizabeth J. Nash

7. Birth date of deceased (mo., day, yr.) Aug. 22. 1870 6. (c) If alive, give age 62 years

8. AGE: Years 75 Months 4 Days 19 If less than one day
..... hrs. min.

9. Birthplace..... Baltimore Md.
(Town, county, and state)

10. Usual occupation..... waterman (retired)

11. Industry or business..... longing cystis

12. Name..... Charles Nash

13. Birthplace..... Scotland

14. Maiden name..... Charlotte Louise

15. Birthplace..... Germany

16. Informant..... my Elizabeth M. Nash

Address..... Chester Md.

17. Burial Date thereof..... 1/14/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cedar Hill

Location..... Annapolis Md.

18. Funeral director..... Howard F. Blight Jr

Address..... 4914 Belair Road

19. 11 19 46 H.C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 10 19 46 at 12 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 10 19 45 to Jan. 10 19 46

and that I last saw him alive on Jan. 9 19 46

Immediate cause of death.....

Carcinoma of bladder

Due to.....

chronic interstitial

neplasia

Other conditions..... Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Theodor Sattelmann M.D.
Address..... Stevensville Date signed..... 1/10/46

MARGIN RESERVED FOR BINDING

VS A15

9-43-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 14 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

00860

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Princess Anne
City or town Centerville (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Princess Anne
City or town Centerville (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route 3
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Archibald Penshaw

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Arnette Walker Penshaw

7. Birth date of deceased (mo., day, yr.) March 26, 1866

8. AGE: Years 79 Months 9 Days 12 If less than one day hrs. min.

9. Birthplace Princess Anne Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thaddeus W. Penshaw

13. Birthplace Princess Anne Md.

14. Maiden name Mary Bound

15. Birthplace Princess Anne Md.

16. Informant Leonard A. Penshaw

Address Centerville Md. Route 3

17. Burial Date thereof Jan 16, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Vernon Md.

Location Mount Vernon Md.

18. Funeral director Hollway & Co. P. Hollway

Address 520 E Church St. Salisbury Md.

19. Jan. 14, 1946 Helen M. Adette
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14, 1946 at 10:30 A.M.

CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14, 1946 to Jan 14, 1946

and that I last saw him alive on Jan 14, 1946

Immediate cause of death Pulmonary Oedema

Due to Chronic Myo Carditis

Due to Acute Heart attack

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Frazier

Address Centerville Md. Date signed 1-14-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 17 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (230)

CERTIFICATE OF DEATH

00861

Reg. Dist. No. 252

1. PLACE OF DEATH: Queen Anne
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....MD County.....Queen Anne
 City or town.....Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Mary Emma Ruth

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Chas Ruth
 7. Birth date of deceased (mo., day, yr.) Oct-16-1857 6. (c) If alive, give age..... years
 8. AGE: Years 86 Months 3 Days 8 It less than one day..... hrs. min.

9. Birthplace.....Queen Anne Co Md
 (Town, county, and state)
 10. Usual occupation.....Housewife

11. Industry or business
 12. Name.....Mrs. E. Bradley
 13. Birthplace.....Md.
 14. Maiden name.....Sculley
 15. Birthplace.....2nd Co Md

16. Informant.....Frederic C Townsend
 Address.....Centerville Md
 17. Buried Date thereof.....Jan 27-46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory.....Church Hill
 Location.....Church Hill Md
 18. Funeral director.....Elmer L Lane
 Address.....Church Hill Md

19. 1-26-46 Elin Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1946 at 4:30 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1946 to Jan 24 1946
 and that I last saw him/her alive on Jan 24 1946

Immediate cause of death.....Coronary Thrombosis DURATION 5870
 Due to.....
 Due to.....
 Other conditions.....Hypertensive Pneumonia
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE W. D. Fisher M. D. or other
 Address.....Centerville Md Date signed 1/26-46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

RECEIVED

FEB 6 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99d

CERTIFICATE OF DEATH

00862

Reg. Dist. No. 751

1. PLACE OF DEATH:

County Queen Anne's
 City or town Bardley
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Bardley (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Katie Seales

3. (b) Social Security Number

4. Sex F. 5. Color or race B. 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife F. Litcher

7. Birth date of deceased (mo., day, yr.) Unknown 1890 8.(c) If alive, give age _____ years

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business _____

12. Name James Seales

13. Birthplace Maryland

14. Maiden name Carrie Payton

15. Birthplace Maryland

16. Informant Emma Brown

Address Bardley Md.

17. Burial, cremation, or removal, which? Burial Date thereof 1/23/46
 (month) (day) (year)

Cemetery or crematory Bardley

Location Near Bardley

18. Funeral director Raymond B. Pawling

Address Greensboro, Md.

19. Date rec'd by registrar Jan. 21 46 Registrar Edgar L. Lane

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 46 at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1943 19 43 to Jan 20 19 46
 and that I last saw him alive on May 16 19 46

Immediate cause of death _____ DURATION _____

Quintessence Dilation

Due to Chronic Myocarditis

Due to Hypertension 1943

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE @ D. D. D. M. D. or other _____

Address Bardley Md. Date signed 1/21/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 1 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
county of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-8

00863

CERTIFICATE OF DEATH

Reg. Dist. No. 253

FILM No. I 00 JAN 28 1946

1. PLACE OF DEATH:

County... Queen Anne's
City or town... Stevensville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred: 50 yrs.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne's
City or town...
(If outside city or town limits, write RURAL and give nearest town)

Street No...
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward White

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male Colored widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 10 about 1881

8. (c) If alive, give age... years

8. AGE: Years Months Days If less than one day
about 64 Sept 10 hrs. min.

9. Birthplace... Balto md.
(Town, county, and state)

10. Usual occupation... Farming

11. Industry or business

12. Name... Alexander White

13. Birthplace... md.

14. Maiden name... Rachel Cooper

15. Birthplace... md.

16. Informant... Mary White

Address... Stevensville md.

17. Burial Date thereof 1-17-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Cemetery

Location... Stevensville md.

18. Funeral director... Lewis A. Henry

Address... Cambridge md.

19. 1/18/46 46 F.C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 14 19 46 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3 19 46 to July 14 19 46

and that I last saw him alive on July 8 19 46

Immediate cause of death... Coronary Arteriosclerosis

DURATION

Due to... 10 days

Due to... Ch. Nephritis

Other conditions... Ch. Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations...

Antopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... D. Charles Thomas

M. D. or other

Address... Stevensville md.

Date signed 1/16/46

CERTIFICATE OF DEATH

A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

RECEIVED
JAN 22 1946
BUREAU V R

NOTARIAL CERTIFICATION

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Place of birth: _____
6. Date of death: _____
7. Place of death: _____
8. Cause of death: _____
9. Manner of death: _____
10. Signature of physician: _____
11. Signature of registrar: _____
12. Signature of informant: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Grasonville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... all of life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Queen Anne
 City or town... Grasonville Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Sarah E. Williams

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widow

8.(b) Name of husband or wife

John H. Williams

7. Birth date of deceased (mo., day, yr.)

July 4 - 1868 -

6.(c) If alive, give age years

Decedent

8. AGE:

77 Years6 Months27 Days

If less than one day

hrs. min.

9. Birthplace

Grasonville Md
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

None

12. Name

John H. Wilson

13. Birthplace

Stevensville Md

14. Maiden name

Emily Ann Robinson

15. Birthplace

Grasonville Md

16. Informant

Anna Williams

Address

Grasonville Md

17. Burial

Funeral
(Burial, cremation, or removal. Which?)
Date thereof Feb 2nd 1946
(month) (day) (year)
Cemetery or crematory Robinson A. M. E. Church
Location Grasonville Md

18. Funeral director

John H. Williams

Address

Grasonville Md
Feb 1 19 46 John M. Reddick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 31 - 1946 at 5500 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 3rd 1945 and that I last saw him alive on Jan 31 1946

Immediate cause of death

Hypertension

DURATION

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?
W. C. E. Taylor

23. SIGNATURE

Stevensville Md M. D. or other
Address Date signed 1/31/46

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 5 1946
BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00865

252

1. PLACE OF DEATH:

County Jesse Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all her life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Jesse Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Ella Wood

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife J. Fred Wood
 7. Birth date of deceased (mo., day, yr.) July 26-1870 6.(c) If alive, give age _____ years
 8. AGE: Years 75 Months 5 Days 17 It less than one day _____ hrs. _____ min.

9. Birthplace rural Centerville 20 Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William Cleander Callahan

13. Birthplace Incidentown, 20 Co. Md

14. Maiden name Do not know

15. Birthplace

16. Informant A. Fred Wood

Address Centerville, Maryland

17. Burial Date thereof Jan. 16-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown

Location Centerville, Maryland

18. Funeral director Barton Bros

Address Centerville, Maryland

19. 1-16-46 Elis Compton
 (Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 46 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 19 46 to Jan 12 19 46
 and that I last saw him alive on Jan 12 19 46

Immediate cause of death Right Sided heart failure DURATION 18 hrs
7 Cerebral hemorrhages
 Due to Hyper tension Coronary artery
vascular disease severe
 Due to severe atherosclerotic heart
failure

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. K. Layton MD M. D. or other

Address Centerville Md Date signed 1-14-46

RECEIVED
FEB 6 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Queen Anne'sCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Clas Wright

7. Birth date of deceased (mo., day, yr.)

5. (c) If alive, give age 74 years

8. AGE:

Years about 65 Months Days If less than one day9. Birthplace Petersburg, Va
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Cooking12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Mary HoopesAddress Stevensville, Md17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan 9 - 46
(month) (day) (year)Cemetery or crematory Calvary Church CemeteryLocation Stevensville, Md18. Funeral director John D. WilliamsAddress Stevensville, Md19. 1/8 1946 N. H. Harris
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen Anne'sCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 19 46 at 8:50 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 30 1945 to Jan 6 1946

and that I last saw him/her on 19

Immediate cause of death

Diabetes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Chas. E. SnyderAddress Stevensville Date signed 1/7/46

RECEIVED
JAN 19 1946
BUREAU V.R.